



July 9, 2012

Margo Schwab, Ph.D.
Office of Management and Budget
725 17th Street, N.W.
Washington, DC 20503

Dear Dr. Schwab:

The staff of the NCHS Questionnaire Design Research Laboratory (QDRL) (OMB No. 0920-0222, exp. 06/30/2015) plans to evaluate the Violence Against Children Survey (VACS) in the Philippines in partnership with the Philippines Council for the Welfare of Children (CWC) and CDC's Center Global Health under a GenIC. The protocol was developed with the active participation of the Philippines.

We propose to start advertising for volunteer participants as soon as we receive clearance and to start testing as early as the beginning of August.

Background Information about Cognitive Testing of Questionnaires

The methodological design of this proposed study is consistent with the design of typical cognitive testing research. As you know, the purpose of cognitive testing is to obtain information about the processes people use to answer survey questions as well as to identify any potential problems in the questions. The analysis will be qualitative.

Proposed project: Violence Against Children Survey (VACS) Evaluation Study - Philippines

The Violence Against Children Survey (VACS) seeks to determine the magnitude of child abuse and to study the epidemiologic patterns of risk factors for abuse in order to develop more targeted and informed prevention programs and policy initiatives. The lack of national estimates and rigorous epidemiologic studies on violence against children to inform and guide prevention strategies have been major barriers to action in the Philippines. Further, the United Nations has included protecting children from violence as a major thematic effort, and set forth the task of developing child protection programs.

The Philippines Council for the Welfare of Children (CWC) who will administer/conduct the actual survey and CDC's Center for Global Health requested that the VACS undergo cognitive testing and evaluation prior to the actual survey being conducted in the Philippines. QDRL Staff will obtain information about what processes study participants use to answer survey questions, identify what the questions measure, and pinpoint any potential problems in the questions, e.g. questions which are vague or ambiguous, questions that cannot be answered readily or accurately by the respondent or otherwise contribute to the non-sampling errors of the survey. QDRL staff may provide recommendations for making changes to the questions. In addition, QDRL staff will teach CWC about cognitive testing so that they can use the method for future studies. The VACS questionnaire to be evaluated appears as

Attachment 1. The testing procedure will conform to the cognitive interviewing techniques that have been described in our generic OMB clearance package.

As determined by all partners, the purpose of the cognitive interviewing study is to provide understanding regarding:

1. Feasibility of collecting such data given the sensitivity and age suitability of the questions
2. Assurance that meaning of terms and concepts are understood
3. Length of the questionnaire
4. Ordering of sections
5. Length of section introductions
6. Ability of respondents to distinguish between types of violence
7. Ability of respondents to distinguish specific events

As many as forty cognitive interviews may be conducted with 13-24 year old English speaking males and females living in Metro Manila.

Respondents will be recruited through flyers distributed by the Philippines Council for the Welfare of Children (CWC)(Attachment 2). The CWC will recruit, determine eligibility and schedule respondents.

Cognitive interviews will be conducted by QDRL staff members in a private room arranged by CWC with an individual participant for approximately two hours each.

With permission of study participants (child assent & parental consent for participants 13-17; consent participants 18-24), interviews will be recorded on audiotape. Participants will be informed of taping procedures in the process of reviewing the consent forms, and the equipment will be turned on once it is clear that the procedures are understood and agreed upon.

The interview will begin with a brief introduction about the VACS. Interviewers will explain how the cognitive testing is aimed to gain an understanding of how respondents answer questions – what thought process they use, how they comprehend questions, and how they calculate dates and numbers of events to reach their chosen responses and that the objective of the study does not focus on what study participants/respondents answer.

A unique identifier known only to the interviewer will be assigned to each study participant. No personal data (names, addresses, and phone numbers) will be collected or recorded on a questionnaire. The completed questionnaire will not contain any identifying information.

All data, including audio tapes, questionnaires, interviewer's notes, and any other information collected as part of this study, will be stored in secure travel cases while in route to the QDRL at which point they will be transferred to secured locked storage cabinets. All data, including audio tapes, questionnaires, interviewer's notes, and any other information collected as part of this study, will remain the property of the QDRL. Access to audio recordings and/or transcriptions for analytic purposes by the Philippines collaborating agency or CDC must occur in the QDRL.

Individuals (13-24 years of age) participating in the cognitive interview will be remunerated [PHP2,500.00 or USD 57.00] for the two hour interview to cover the study participants' transportation and token for their participation.

In total, for this project, the maximum respondent burden will be 80 hours of interviewing in addition to travel time. The burden is already accounted for in the generic clearance. An updated burden table for this genIC project is shown below:

Projects	Number of Participants	Number of Responses/ Participant	Average hours per response	Response burden
QDRL Interviews				
2) Other questionnaire testing	40	1	2	80

Attachments (2)

cc:

M. Moien

T. Richardson

DHHS RCO